

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

INVENTOR: Michael R.S. Hill
TITLE: SYSTEM AND METHOD FOR BI-VENTRICULAR FUSION PACING

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL 799 065 998 US, on this 26th day of October, 2001.

Sue McCoy

Printed Name _____

Signature _____

Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 37 (including claims and abstract: Spec. 28 sheets; Claims 8 sheets; Abstract 1

X Drawings:

Total sheets: 6

☐ formal ☒ informal

Combined Declaration and Power of Attorney:

- ☒ unexecuted
- ☐ copy from prior application
- ☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- ☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

- | | |
|-------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Notification of filing a |
| <input type="checkbox"/> | Assignment of the Invention to Medtronic, Inc. |
| <input type="checkbox"/> | Assignment cover sheet |
| <input type="checkbox"/> | Information Disclosure Statement |
| <input type="checkbox"/> | PTO Form 1449 |
| <input type="checkbox"/> | Copies of IDS citations |
| <input type="checkbox"/> | Preliminary Amendment |
| <input type="checkbox"/> | A copy of the Petition or Conditional Petition for Extension of Time in the prior application. |
| <input checked="" type="checkbox"/> | Return Postcard |

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____ / _____.
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number _____, filed _____.
- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: _____.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.


☒ Address all future correspondence to: Girma Wolde-Michael, Reg. No. 36,724
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	30	20	= 10	x 18	180
Independent Claims	4	3	= 1	x 84	84
Multiple Dependent Claims	0			+ 270	0
Basic Filing Fee					\$740.00
TOTAL					1004.00

☒ Charge Deposit Account No. 13-2546 the sum of \$920.00 (Filing Fee) for a total of \$1004.00.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

10/26/01
Date


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